Mapping isometry and length changes in ligament reconstructions of the knee

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Stellingen behorende bij het proefschrift

Mapping Isometry and Length Changes in Ligament Reconstructions of the Knee

1. Ideal tunnel positions for ligament reconstruction do not remain equidistant, i.e. isometric, throughout the knee's range of motion. (*This thesis*)

2. Minor changes in tunnel positioning cause major changes in the graft elongation during the knee's range of motion initiating a chain of problems. (*This thesis*)

3. The anatomic anterolateral ligament reconstruction yields unfavorable length changes, a functional lateral extra-articular tenodesis is needed. (*This thesis*)

4. In the future, improving ligament reconstructions of the knee may omit the step of in-vitro research. (*This thesis*)

5. Anatomic individualized ligament reconstructions of the knee are the future. (*This thesis*)

6. The terms stability and laxity are often confused or used interchangeably in literature; however, they are not the same.

7. Pyramids were built with a broad foundation for a reason. Similarly, biomechanics form the foundation for orthopedic surgery.

8. The doctor's job is changing rapidly due to all advances made inside and outside of the medical profession. Soon many doctors will be superfluous.

9. Medical training has not changed for over a century, perhaps it is time to change.

10. For a positive healthcare system, co-operation of the population is a primary requirement.

11. For medical scientific research, coordination between clinical and basic sciences are a mandatory condition. (*prof. em. O. Vos; October 7th, 1953*)